

Fig. 1

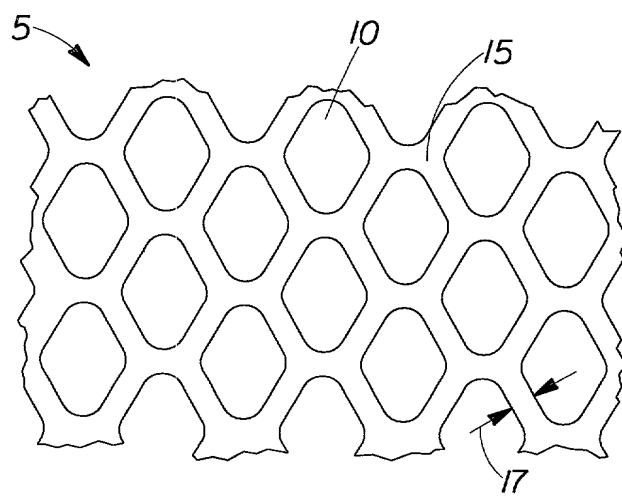
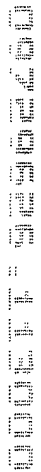
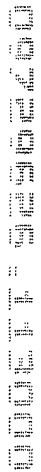


Fig. 2



Variable	Mean	SD	Min	Max
Age	34.5	10.2	22	55
Gender	0.5	0.5	0	1
Marital status	0.6	0.5	0	1
Education	12.5	1.5	9	16
Income	1500	500	500	3000
Health status	0.8	0.2	0	1
Smoking status	0.3	0.5	0	1
Alcohol consumption	0.2	0.4	0	1
Exercise frequency	0.5	0.5	0	1
Stress level	0.7	0.3	0	1
Sleep quality	0.6	0.4	0	1
Work satisfaction	0.5	0.5	0	1
Life satisfaction	0.6	0.4	0	1
Depression score	0.3	0.5	0	1
Anxiety score	0.2	0.4	0	1
Resilience score	0.7	0.3	0	1
Optimism score	0.6	0.4	0	1
Gratitude score	0.5	0.5	0	1
Forgiveness score	0.4	0.5	0	1
Empathy score	0.6	0.4	0	1
Compassion score	0.5	0.5	0	1
Kindness score	0.4	0.5	0	1
Generosity score	0.3	0.5	0	1
Patience score	0.5	0.5	0	1
Self-control score	0.4	0.5	0	1
Emotional stability score	0.6	0.4	0	1
Psychological well-being score	0.5	0.5	0	1
Overall quality of life score	0.6	0.4	0	1



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Alcohol consumption	0.2	0.4	0	1
Exercise frequency	0.5	0.5	0	1
Stress level	0.7	0.3	0	1
Sleep quality	0.6	0.2	0	1
Work satisfaction	0.5	0.5	0	1
Life satisfaction	0.6	0.2	0	1
Depression score	0.4	0.3	0	1
Anxiety score	0.3	0.2	0	1
Quality of life	0.7	0.2	0	1
Healthcare utilization	0.5	0.5	0	1
Health insurance status	0.9	0.1	0	1
Chronic disease status	0.2	0.4	0	1
Medication adherence	0.6	0.3	0	1
Healthcare provider satisfaction	0.5	0.5	0	1
Healthcare system trust	0.6	0.2	0	1
Healthcare access	0.7	0.3	0	1
Healthcare cost	0.5	0.5	0	1
Healthcare quality	0.6	0.2	0	1
Healthcare equity	0.5	0.5	0	1
Healthcare transparency	0.6	0.2	0	1
Healthcare accountability	0.5	0.5	0	1
Healthcare innovation	0.6	0.2	0	1
Healthcare sustainability	0.5	0.5	0	1
Healthcare resilience	0.6	0.2	0	1
Healthcare inclusivity	0.5	0.5	0	1
Healthcare effectiveness	0.6	0.2	0	1
Healthcare efficiency	0.5	0.5	0	1
Healthcare safety	0.6	0.2	0	1
Healthcare security	0.5	0.5	0	1
Healthcare privacy	0.6	0.2	0	1
Healthcare integrity	0.5	0.5	0	1
Healthcare honesty	0.6	0.2	0	1
Healthcare fairness	0.5	0.5	0	1
Healthcare justice	0.6	0.2	0	1
Healthcare equity	0.5	0.5	0	1
Healthcare inclusion	0.6	0.2	0	1
Healthcare participation	0.5	0.5	0	1
Healthcare collaboration	0.6	0.2	0	1
Healthcare partnership	0.5	0.5	0	1
Healthcare alliance	0.6	0.2	0	1
Healthcare coalition	0.5	0.5	0	1
Healthcare consortium	0.6	0.2	0	1
Healthcare network	0.5	0.5	0	1
Healthcare system	0.6	0.2	0	1
Healthcare organization	0.5	0.5	0	1
Healthcare institution	0.6	0.2	0	1
Healthcare provider	0.5	0.5	0	1
Healthcare professional	0.6	0.2	0	1
Healthcare worker	0.5	0.5	0	1
Healthcare staff	0.6	0.2	0	1
Healthcare team	0.5	0.5	0	1
Healthcare group	0.6	0.2	0	1
Healthcare unit	0.5	0.5	0	1
Healthcare department	0.6	0.2	0	1
Healthcare division	0.5	0.5	0	1
Healthcare branch	0.6	0.2	0	1
Healthcare office	0.5	0.5	0	1
Healthcare center	0.6	0.2	0	1
Healthcare facility	0.5	0.5	0	1
Healthcare institution	0.6	0.2	0	1
Healthcare organization	0.5	0.5	0	1
Healthcare system	0.6	0.2	0	1
Healthcare network	0.5	0.5	0	1
Healthcare alliance	0.6	0.2	0	1
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Healthcare center	0.6	0.2	0	1
Healthcare facility	0.5	0.5	0	1

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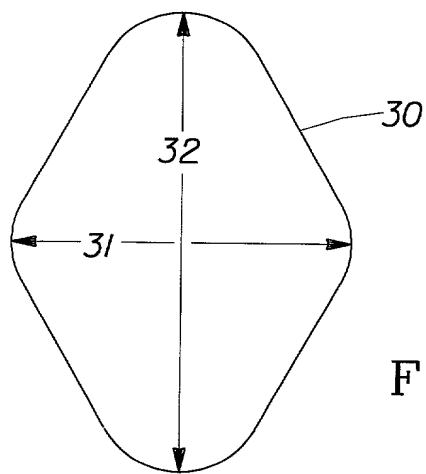


Fig. 5

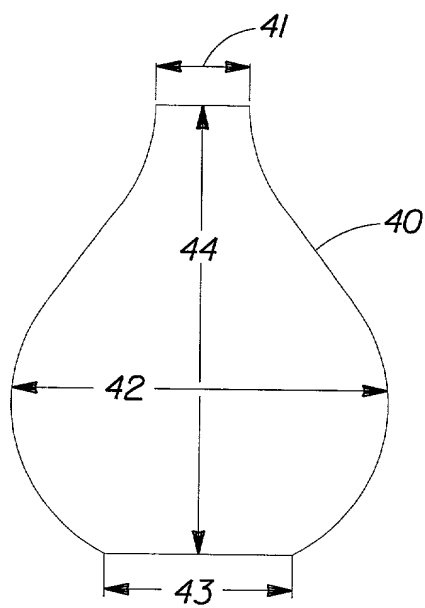
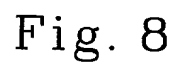
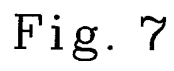
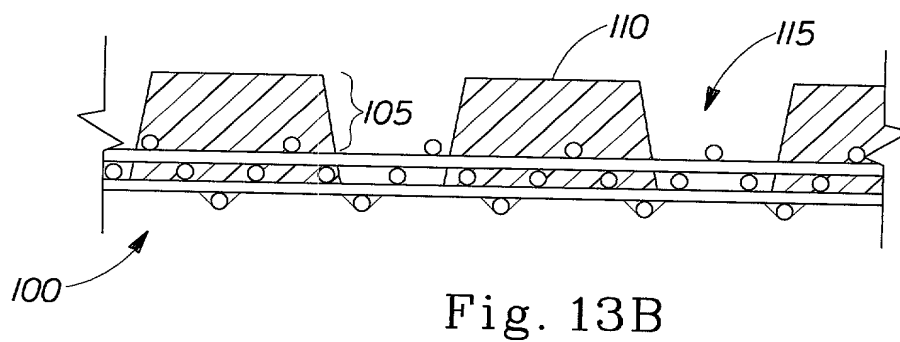
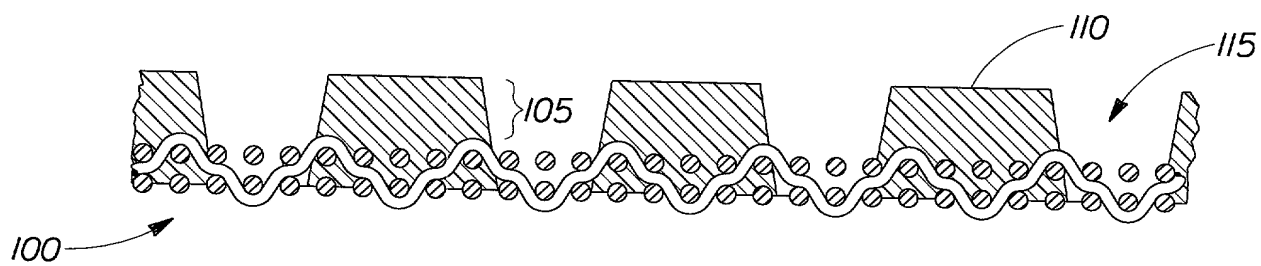
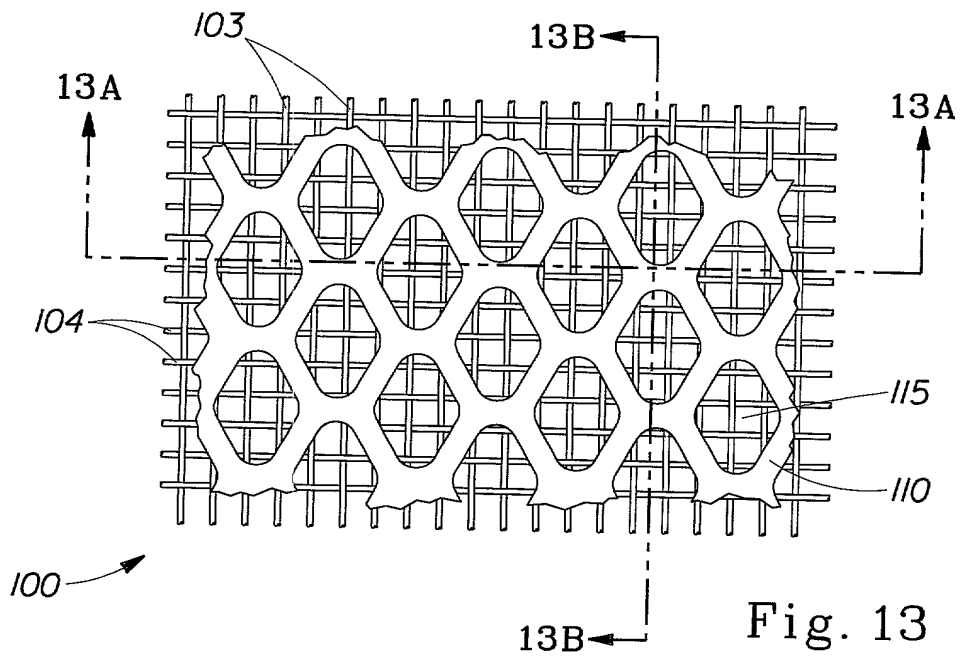


Fig. 6





[illegible]

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DECLARATION COMBINED WITH POWER OF ATTORNEY

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Attorney Docket No. 7880M

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

the specification of which

(check one) ☒ is attached hereto.
☐ was filed on _____ as United States Application No. or
PCT International Application Serial No. _____
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60/170,245	December 10, 1999			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Serial No.	Filing Date	Application Serial No.	Filing Date
60/170,245	December 10, 1999		

I hereby claim the benefit under Title 35 United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Atty Name	Atty Reg Number	Associate Power of Attorney Attached [] Yes [X] No
Jason J. Camp	44,582	
Jeffrey V. Bamber	31,148	
Frank C. Turner	39,863	
Brian M. Bolam	37,513	
Kim W. Zerby	32,323	
Steven W. Miller	31,984	
T. David Reed	32,931	
Timothy B. Guffey	41,048	

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's signature *Arthur Wong* Date Nov. 30, 2000

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Full name of third joint inventor, if any _____
Inventor's signature _____ Date _____

Residence _____
Citizenship _____
Post Office Address _____

Full name of fourth joint inventor, if any _____
Inventor's signature _____ Date _____

Residence _____
Citizenship _____
Post Office Address _____